



LEXINGTON ANIMAL SERVICES TRAP RENTAL

Case # _____

complainant _____ phone _____ Work. _____

address _____ city _____ State SC Zip _____

Trap Type _____

STATE OF SOUTH CAROLINA
COUNTY OF LEXINGTON

TRAP
AGREEMENT

In consideration of the following covenants and conditions, the sufficiency of which is hereby acknowledged, the undersigned(s) agree(s) as follows:

1. Lexington County Animal Services (LCAS) has agreed to allow the undersigned the use of an animal trap for a period of ___ days from the date of this agreement.
2. I agree to be fully responsible for the animal trap while in my/our possession. I agree to hold harmless and indemnify LCAS from and against any liability or damages, of any nature whatsoever, as may result from and during my possession and use of the animal trap. During possession, the animal trap will be kept at the address indicated above. I acknowledge that the animal trap is the property of LCAS and this agreement does not give or confer any right of ownership of interest in the animal trap, other than the right to temporarily use same.
3. I understand that it is my responsibility to keep the trap baited and set and to monitor the trap on a daily basis. I understand that if I contact LCAS after 1:00pm that LCAS may not be able to respond that day and I agree to care for the animal until the following day.
4. I agree not to set the trap after 1:00 pm on Friday and I understand that I can reset the trap after 4:00pm on Sunday. I acknowledge that LCAS does not remove animals from traps on weekends.
5. I agree to treat the animal caught in the trap in a humane manner. I agree to place the animal in a shaded area and to protect the animal from the elements.
6. I understand that if I do not treat the animal caught in the trap in a humane manner that LCAS will refuse trap rental to me in the future and that I may also be issued a citation for maltreatment of animals pursuant to section 10-34(b) of the Lexington County Code of Ordinances.
7. No one shall be permitted to remove any animal from this trap other then a Lexington County Animal Control Officer
8. This agreement is binding upon the understanding and the undersigned's personal representatives, heirs and assigns.

Witness the undersigned's hand and seal this _____ day of _____.

Witness _____ Date _____ Signature _____ Date _____